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Small Business Enterprises (SBE)

Instructions and Guidelines

ROADMAP FOR APPLICANTS

- ❖ Should I apply?
 - Is your firm located in either of the eight county areas? Counties: Harris, Brazoria, Chambers, Fort Bend, Galveston, Liberty, Montgomery, and Waller
 - Is your firm a small business that meets the Small Business Administration's (SBA's) size standard as defined by 13 CFR part 121.103 pursuant to Section 3 of the Small Business Act?
 - Is your firm organized as a for-profit business?

⇒ If you answered "Yes" to all of the questions above, you may be eligible to participate in the City of Houston SBE programs..
- ❖ Be sure to attach all of the required documents listed in the Documents Check List with your completed application.
- ❖ Where can I find more information?
 - SBA – <http://www.ntis.gov/naics> (provides a listing of NAICS codes) and <http://www.sba.gov/size/index.html> (provides a listing of SIC codes)
 - www.houstontx.gov/aacc/index.html - This site provides you with information about the SBE Certification Program, SBE Directory, Publications, SBE Assistance Information / Training, EEO & ADA Information, and Forms.

Welcome, entrepreneurs!

We appreciate your interest in our certification program and will strive to provide you with excellent customer service.

We encourage you to look at our program. I am convinced that by working with you, we can make a difference in your business. Please attend one of our weekly pre-certification workshops for more information. Our workshop is conducted every Thursday, except holidays, at 611 Walker St. 7th floor Houston, TX 77002 at 2:00 p.m. Our continued success depends upon growing firms like yours.

Let us hear from you!

Velma Laws, Director

Mission Statement

The Affirmative Action and Contract Compliance Office is committed to providing quality certification, compliance, business development, and training programs to promote equal access, employment and economic opportunity at every level of City government; and to ensure compliance with local, state, and federal mandates. The Division is further committed to providing exceptional customer service that exceeds expectations. We are dedicated to providing a supportive and healthy work environment where all employees are appreciated, encouraged and respected.

Section 1: GENERAL INFORMATION

A. Contact Information

- (1) State the legal name of your firm, as indicated in your firm's Articles of Incorporation.
- (2) State the name and title of the person who will serve as your firm's primary contact under this application.
- (3) Indicate the primary phone number of your firm.
- (4) Indicate a secondary phone number, if any.
- (5) Indicate your firm's fax number, if any.
- (6) Indicate your firm's or your contact person's email address.
- (7) Indicate your firm's website address, if any.
- (8) State the street address of your firm (i.e. the physical location of its offices -- not a post office box address).
- (9) State the mailing address of your firm if it is different from your firm's street address.

B. Business Profile

- (1) In the box provided, briefly describe the primary business and professional activities in which your firm engages.
- (2) Give the Federal Tax ID number of your firm as provided on your firm's filed tax returns, if you have one. This could also be the Social Security Number of the owner of your firm.
- (3) Give the date on which your firm was officially established, as stated in your firm's Articles of Incorporation.
- (4) Check the appropriate box that indicates whether your firm is "for profit."
NOTE: If you checked "No," then you do NOT qualify for the SBE program and therefore do not need to complete the rest of this application. The SBE program requires all participating firms to be for-profit enterprises.
- (5) Check the appropriate box for your type of business.
- (6) Indicate in the spaces provided how many your firm has, specifying the number of employees who work on full-time and part-time.
- (7) Specify the total gross receipts of your firm for each of the past three years, as declared in your firm's filed tax returns.

B. Prior/Other Applications

Indicate whether your firm or any of the persons listed has ever withdrawn an application for a SBE program or whether any have ever been denied certification, decertified, debarred, suspended, or had bidding privileges denied or restricted by any state or local agency or federal entity. If your answer is yes, indicate the date of such action, identify the name of the agency, and explain fully the nature of the action in the space provided.

C. Identify all individuals or holding companies with any

Ownership interest in your firm, providing the information requested below (if your firm has more than six owners, provide completed copies of this section for each additional owner)

- (1) Give the name of the owner
- (2) State the number of years that this owner has been an owner of your firm.
- (3) State the percentage of total ownership control of your firm that this owner possesses.
- (4) State the voting

D. Relationships with Other Businesses

- (1) Check the appropriate box that indicates whether at present, or any time in the past your firm has been subsidiary of any other firm.
 - (a) Your firm has been a subsidiary of any other firm
 - (b) Your firm consisted of a partnership in which one or more of the partners are other firms
 - (c) Your firm has owned any percentage of any other firms; or
 - (d) Your firm has had any subsidiaries of its own
- (4) Check the appropriate box that indicates whether any other firm has ever had an ownership interest in your firm.
- (5) If you answered "Yes" to any of the questions in section C, identify the name, address and type of business for each.

E. List your firm's three largest active and/or completed projects in the past three years.

Section 2: CERTIFICATION INFORMATION

A. SBE Certification Program

Has your company been certified by other SBE programs?

AFFIDAVIT & SIGNATURE

Carefully read the attached affidavit in its entirety. Fill in the required information for each blank space, and sign and date the affidavit in the presence of a Notary Public, who must then notarize the form.



CITY OF HOUSTON

AFFIRMATIVE ACTION AND CONTRACT COMPLIANCE DIVISION

611 WALKER, 7TH FLOOR ★ HOUSTON, TEXAS 77002

P.O. BOX 1562 ★ HOUSTON, TEXAS 77251-1562

TELEPHONE 713.837.9000 ★ FAX 713.837.9052 ★ WWW.HOUSTONTX.GOV

SBE CERTIFICATION APPLICATION SUPPORTING DOCUMENTS CHECKLIST

In order to complete your application for certification, you must attach copies of all of the following documents as they apply to you and your firm.

All Applicants

- ☐ Your firm's signed tax returns (gross receipts) plus all related schedules for the last three years and the tax returns for any other firms that you own
- ☐ Customer references, including contact name and phone number, for whom work has been performed
- ☐ Signed and notarized Certification Affidavit for an owner (Included in application package)
- ☐ Signed and notarized Affidavit of Non-Interest for each owner (Included in application package)
- ☐ Certificate of Authority to do business in Texas (for out-of-state businesses)
- ☐ Copies of invoices and proof of payments for those invoices

Sole Proprietorship

- ☐ Assumed name certificate (DBA)

Corporation or LLC

- ☐ Official Certificate of Incorporation (Corporation) or Official Certificate of Organization (LLC)

Trucking Company

- ☐ List of U.S. DOT numbers for each truck owned or operated by your firm

Partnership/Joint Venture/Franchise

- ☐ Official Certificate of Partnership

Section 1: GENERAL INFORMATION

A. Contact Information

(1) Legal Name of Firm:		(2) Owner Name and Title:	
(3) Phone #:	(4) Other Phone #:		(5) Fax #:
(6) E-mail:		(7) Website:	
(8) Street address of firm <i>(No P.O. Box)</i> :	City:	County/Parish:	State: Zip:
(9) Mailing address of firm <i>(if different)</i> :	City:	County/Parish:	State: Zip:

B. Business Profile

(1) Describe the primary activities of your firm:		(2) Federal Tax ID (if any):	
(3) This firm was established on: ____/____/____			
(4) Is your firm "for profit"? <input type="checkbox"/> Yes <input type="checkbox"/> No		⊗ STOP! If your firm is NOT for-profit, then you do NOT qualify for this program and you do NOT need to fill out this application.	
<div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> (5) Type of firm <i>(check all that apply)</i>: </div> <div style="width: 75%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation </div> <div style="width: 48%;"> <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Joint Venture </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Other, Describe: _____ _____ </div> </div> </div>			
(6) Number of employees: Full-time _____ Part-time _____ Total _____			
(7) Specify the gross receipts of the firm for the last three years: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">Year _____</div> <div style="width: 50%;">Total receipts \$ _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">Year _____</div> <div style="width: 50%;">Total receipts \$ _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">Year _____</div> <div style="width: 50%;">Total receipts \$ _____</div> </div>			
NOTE: To qualify as a SBE, you must submit copies of your business tax returns and all related schedules for the last three years. Here are the corresponding forms.			
Sole Proprietorship ----- Form 1040 and Schedule C			
Corporation----- Form 1120 and Form 1040			
Partnership----- Form 1065 and Form 1040			

Section 2: CERTIFICATION INFORMATION

A. SBE Certification Program

Has your company been certified by other SBE programs?

☐ Yes, on ____/____/____ ☐ No If Yes, please attach proof of certification by other agencies.

B. Prior/Other Applications

Has your firm (under any name) or any of its owners, ever withdrawn an application for any SBE program or ever been denied certification, decertified, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency or federal entity?

☐ Yes, on ____/____/____ ☐ No

If yes, identify state and name of state, local, or federal agency and explain the nature of the action:

C. Ownership

Identify all individuals or holding companies with any ownership interest in your firm of 5% or more, providing the information requested below *(If more than six owners, attach separate sheets for each additional owner)*:

Name	Years of Ownership	Ownership Percentage	Voting Percentage

D. Relationships with Other Businesses

(1) At present, or at any time in the past, has your firm:	(a) been a subsidiary of any other firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) Consisted of a partnership with other firms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(c) owned any percentage of any other firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(d) had any subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Has any other firm had an ownership interest in your firm at present or at any time in the past?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) If you answered "Yes" to any of the questions in section C, identify the following for each <i>(attach extra sheets, if needed)</i> :		
<u>Name</u>	<u>Address</u>	<u>Type of Business</u>
1. _____		
2. _____		
3. _____		

E. List the three largest active or completed projects in the past three years, if any:

Company	Contact Name	Phone #	Type of Work Performed	Dollar Value of Contract
1.				
2.				
3.				

AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized by an owner of the business.

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I _____(full name printed), swear or affirm under penalty of law that I

am _____(title) of applicant firm _____(firm name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and size standards of the named firm as well as affiliations.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its places(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the recipient agency of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Executed on _____(Date)

Signature _____
(SBE Applicant)

(Seal)

Notary Public in and for the State of Texas

AFFIDAVIT OF NON-INTEREST

THE STATE OF TEXAS

THE COUNT OF HARRIS

BEFORE ME, the undersigned authority, a Notary Public in and for the State of Texas, on this day personally appeared _____, (Affiant) who being by me duly sworn on his/her oath stated that he/she is _____ (Title of Owner) of _____, the Business Entity named and referred to (Company Name) in this Application for SBE Certification; and that he/she is not an officer or employee of the City of Houston; and further stated that no other individual with an interest in the Business Entity is an officer or employee of the City of Houston. Affiant acknowledges that any misrepresentation on this affidavit will be grounds for denial and/or revocation of certification. I have read this affidavit and swear that such statements contained herein are true and correct.

Signature (Owner /Applicant)

Title

Name (Print)

Date

SWORN TO AND SUBSCRIBED before me on this ____ day of _____, 20__

(Seal)

Notary Public in and for the State of Texas